



MONTANA BOARD OF HEARING AID DISPENSERS
301 S PARK, P O BOX 200513
HELENA, MT 59620-0513
406-841-2385

License No. _____
Renew Date: _____
Status: _____
Pin #: _____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

ADDRESS CORRECTION ONLY:
Name: _____
Street: _____
City: _____
State: _____ Zip _____

Your Montana Hearing Aid Dispenser license will expire on June 30.

Please check the following license status you wish to renew: _____ ACTIVE \$275.00 _____ INACTIVE \$100.00

In order to renew your License:

- 1) Complete this renewal application.
- 2) Complete the Continuing Education Statement below.
- 3) Answer the disciplinary question at the bottom of the form.
- 4) To renew on **ACTIVE status**, submit a check or money order for **\$275.00** To renew on **INACTIVE status**, submit a check or money order for **\$100.00** made payable to the Board of Hearing Aid Dispensers. Do not send cash. Canadian residents pay in U.S. funds only. Inactive licensees may not engage in the selling, dispensing or fitting of hearing aids. Inactive licensees shall not be required to meet the continuing education requirement. Inactive licensees reactivating their license shall submit a minimum of 10 hours of additional formal training or continuing education to be approved by the Board, which shall not include on-the-job experience.
- 5) Renewals postmarked after June 30 will be assessed a late renewal fee of \$175.00.
- 6) Indicate any address correction/change at the top of the form.
- 7) Sign the renewal application.
- 8) Return the renewal application and fee to the Board office postmarked by June 30
- 9) A renewal returned to a licensee for any reason must be re-postmarked by June 30 to avoid paying a late fee.

CONTINUING EDUCATION STATEMENT

You are required to have 10 hours of continuing education completed every year in order to renew your active license. The Board will be conducting a random audit of licensees during the renewal cycle to ensure compliance. If you are among those selected, you will be notified after June 30 requesting documentation that you have completed the requirement.

Check one:

_____ I have completed at least 10 hours of Continuing Education.

_____ I have not completed my Continuing Education requirement.

_____ My License is inactive or I have been licensed less than 6 months and therefore I have no Continuing Education requirements.

I declare under penalty of perjury that the above statement is true. I am aware that a false statement may lead to subsequent revocation of licensure on ethical grounds.

Incomplete or unsigned renewal applications will not be processed and will be returned to you for completion.

PLEASE BE ADVISED THAT YOU CANNOT WORK ON AN EXPIRED LICENSE. SHOULD YOU WORK WITHOUT A VALID, CURRENT LICENSE, DISCIPLINARY ACTION CAN BE TAKEN.

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE AFTER THE DEADLINE BY PAYING BOTH THE RENEWAL FEE AND THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE DEADLINE MAY HAVE A COMPLAINT FILE OPENED, AND THE POSSIBILITY OF UNLICENSED PRACTICE WILL BE ADDRESSED BY THE BOARD THROUGH ITS DISCIPLINARY PROCESS.

☐ Yes ☐ No - Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: _____

Date: _____